

**See Instructions and \*Privacy Statement On Reverse Side**

Page 1 of 1 Pages

CLAIMANT'S NAME Art Torres			SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION Vice Chair ICOC		CB/ID No.	DIVISION or BUREAU CIRM			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 KING ST, 3RD FLOOR			TELEPHONE NUMBER (415) 396-9255
CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco		STATE CA
						ZIP CODE 94107

[illegible]

CLAIM TOTAL	99,04
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  Travel to Sacramento for meetings to discuss CIRM Business Expense Gas for Rental Car	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED
	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>  PAID BY REVOLVING FUND CHECK NUMBER
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or less than the agency rate, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 per [REDACTED] ne.	

CLAIMANT	DATE	(16)	PAYMENT	DATE
	4/6/20			4/7/11
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)				DATE